Deployable Medical Platforms—The Way Ahead

Fleet Hospital Conference

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Outline

- **The Why—How we got to this point—what is the framework for transforming?**
- **The What— The Transformation**
- **The How--Current Initiatives and the future of Expeditionary Medical Facilities**

A look back

- In a 1990 memo, the CNO reduced the FH program from 23 FH's totalling 13,250 beds to 17 FH's totalling 7,750 beds.
- Of the 23 FH's--5 were 1000-Bed COMMZ FH's—15 were 500-bed FH's (COMMZ and COMBAT ZONE), and 3 were 250-bed FH's
- We currently have 9 FH's totalling 4500 beds—the 6 AC FH's represent 5,304 billets

Bottom Line Up Front

- We want to shift from the number of beds to capabilities
- The SG wants to erase the lines between blue, green and white pieces of Naval Medicine
- We want to move towards a more agile and lighter medical capability that is interoperable with the USMC, USAF and USA as directed by current Defense Planning Guidance.
- It is truly an exciting time to be a part of Naval Medicine!

Naval Forces Requirements Determination Process

National Strategy
National Security Strategy
Defense Strategy/QDR
National Military Strategy
Defense/Medical Planning Guidance

Force Planning
Defend the United States
Deter Forward
Engage in Overlapping Major Conflicts
Win Decisively When Called Upon
Smaller Scale Contingencies

Naval Strategy
Sea Power 21
Marine Corps Strategy 21

Force Structure Requirement
Navy and Marine Corps

OPLAN

Medical Platform Requirement

Force Planning Paradigm Shift
2 MTW to Capabilities-Based Force

Early 90s

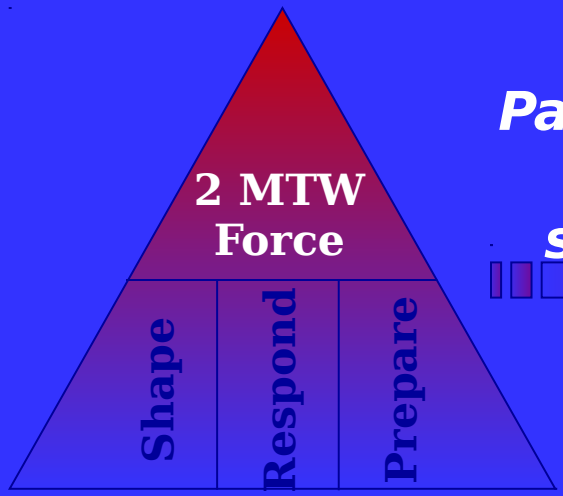
2 Major Theater Wars (MTWs)

All else "lesser included"

- Reduction of Cold War Forces
- Changed force size, not shape

Threat Based

QDR 1997



Paradigm shift

- Shape/Prepare no longer lesser included
- Forces not resized to strategy, leading to mismatch

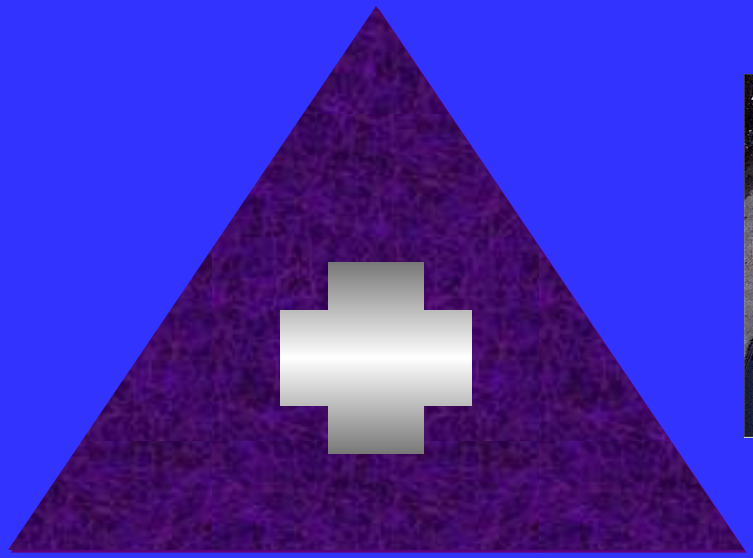
QDR 2001 1,4,2,1

DEFEND THE U.S.
DETER FORWARD Europe, SWA, NEA, EAL
DEFEAT ENEMY EFFORTS 2 of 4 Critical Areas
WIN DECISIVELY 1 of 2 Conflicts
SMALL-SCALE CONTINGENCIES In Non-Critical Regions
GENERATION FORCE
C4ISR, MOBILITY
STRATEGIC RESERVE

Capabilities Based

The Three Pillars of Force Health Protecti

Casualty Care & Management



Healthy & Fit Force

Casualty Prevention

Force Health Protection

FHP is the conceptual framework *(joint operational concept)* for refining *(transforming)* joint health service support roles, responsibilities, and capabilities.

The goal of FHP is to ensure a healthy and fit force, fully protected throughout the operational spectrum, and supported with a world-class health care capability.

Health Service Support

… <u>responds to warfighter requirements</u> for a deployable,
lighter, more mobile medical capability ensuring full
implementation of force health protection

PROTECT

MANAGE

MONITOR

Expeditionary Medical Capabilities

Injury Scenario: Military and Civilian Care Comparison

	Post Injury		Setting	Setting
1	25 min	Emergency Surgery Damage Control	FST, FRSS personnel	Level I Trauma Center
2	6* hours	Emergency Surgery Further Stabilization	CCATT enroute / Surgical Team at Theater Hospital (-), CRTS, EMF (-)	Level I Trauma Center
3	24* hours	Definitive Surgical Care	CCATT enroute / Expeditionary Medical Faciility Surgical Team in major Military Hosp	Level I Trauma Center
4	48*+ hours	Definitive Surgical Care	Stateside Military Medical Center	Level I Trauma Center / Tertiary Hospital

Force Health Protection OEF/OIF Take Aways

- **l Service members must be medically protected**
  re,
  during and after deployments (Immunizations, Pre & Post
  Medical Screening, Deployed Preventive Medicine Assets…)

- ***Services are deploying smaller, flexible, mobile, yet very***
  capable medical assets

- **Forward Surgical Teams provide life saving surgery and**
  stabilize patients for evacuation

- **Retrograde airlift used for air evacuation**

- **USAF aeromedical evacuation teams provide critical enroute care**

Draft POM 06 Guidance from the Navy Surgeon General—October 2003

- **Force Health Protection is our mission and we must develop strategies and execution plans to achieve an optimal balance between readiness and benefit delivery. We must view the future in the context of Naval Power 21 and align our resources to ensure that we are capable of meeting the Force Health Protection requirements of 21st century warriors and their families. Our POM 06 Navy and DHP strategic resources will be focused on achieving the following objective (s):**

- ***Provide sea and shore medical care to joint forces as outlined in Joint Vision 2020. This will include medical re-engineering efforts that focus on reorganization and reconfiguration of current deployable medical facilities to make them smaller, modular, and more mobile while increasing interoperability with other Service facilities.***

Draft POM 06 Guidance from the Navy Surgeon General—October 2003

- The global war on terrorism and the Naval Power 21 transformational efforts represent shifting tectonic plates to Naval Medicine and present an extraordinary opportunity to us if we plan well and do it right.

- We must respond to this challenge by embarking on a deliberate course of action to ensure that we are aligned with and supporting the future fighting force.

The Future?

The Way Ahead

- **What--In order to support the DPG, JCS guidance on FHP and the SG's guidance--** This will include medical re-engineering efforts that focus on reorganization and reconfiguration of current deployable medical facilities to make them:
  - **Capabilities based**
  - **Smaller**
  - **Modular**
  - **More mobile while increasing interoperability with other Service facilities**

The Way Ahead

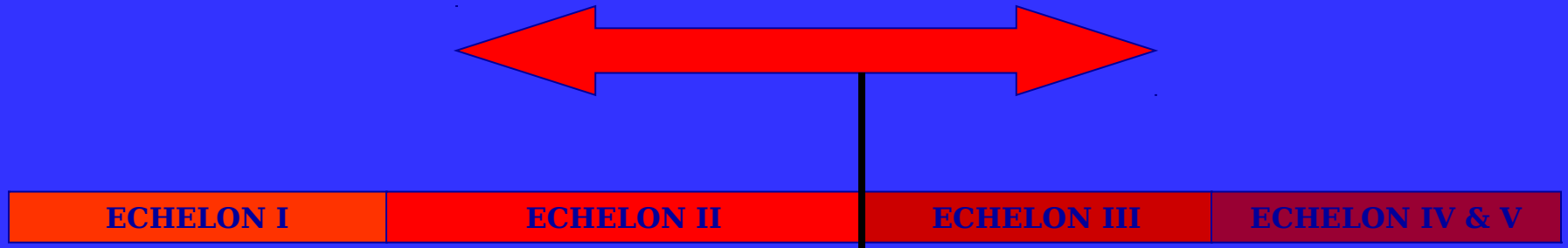
- **How? Navy Medicine has initiated an Expeditionary Medicine Integrated Product Team (IPT) which will accomplish:**
  - A comprehensive review of the current and projected requirements for deployable health service support,
  - assess capabilities across the Naval Health Care Continuum, including :
  - Forward Resuscitative Surgical System (FRSS)
  - Surgical Company (SC)
  - Casualty Receiving and Treatment Ships (CRTS)
  - Fleet Hospital (FH), Maritime Preposition Fleet Future (MPFF)
  - Hospital Ship (T-AH) platforms
  - To recommend changes to Health Service Support (HSS) to meet those requirements.

Capabilities

	UNIT	OR's	ICU/ICW
USMC	FRSS	1	
	Shock Trauma Platoon (STP)	N/A	10
	Surgical Company	3 w/ 2 tables each	20/40
Casualty Receiving and Treatment Ships	LHA	4+2	15/45
	LHD	4+2	17/47
	LHA R	4+2	15/45
	MPF F Medical capability on 2 ships of a 6 ship squadron	6	38/83
	LPD-17	1+1	6/18
Fleet Hospitals-	EMF-500	6	80/420
	EMF 116	2	20/96
	EMF-10	1	10
Hospital Ship	TA-H	12	80/400

EMF support of the USMC.. Should there be a difference in levels of care?

Where does the Expeditionary Medical Facility apply in echelons of HSS support?



Buddy Aid
BAS
STP

Surgical Company
Casualty Receiving
Ships
Eg BHR, Nassau

Fleet Hospitals
Hospital Ships

Out of theater
Medical Cente

Marine Health Service

The IPT Charter- Precepts

- **Not constrained by current paradigms-- goal to reshape expeditionary medicine to be more agile and responsive to any contingency while maintaining capability to support major war plans through continuum of care.**
- **Use Sea Power 21 and Marine Corps Strategy 21 as strategic guidance**
- **Focus on Sea Basing and Ship to Objective Maneuver concepts**
- **Use current MAT runs to determine requirements to support OPLANs**

The IPT Charter-Precepts

- **Use Medical Lessons Learned from NOMI**
- **ID strengths and weaknesses of current platform equipment and manpower**
- **Challenge and evaluate current force structure and platforms**
- **Reflect change to Naval HSS doctrine**
- **Be imaginative**

IPT Membership

- Project Manager – N931
- Project Coordinators – M3F and M4
- HQMC TMO
- MCCDC
- NWDC
- CFFC
- IPT charged

“The Coin of the Realm”

- **Capabilities**
  - OR Throughput
  - ICU/IMC
  - Ancillary Services
  - Base Operating Support (BOS)
  - Preventive Medicine (FDPMU)
  - Command and Control (C2)
  - NEO/MIO
  - EPW’s
  - Displaced Persons

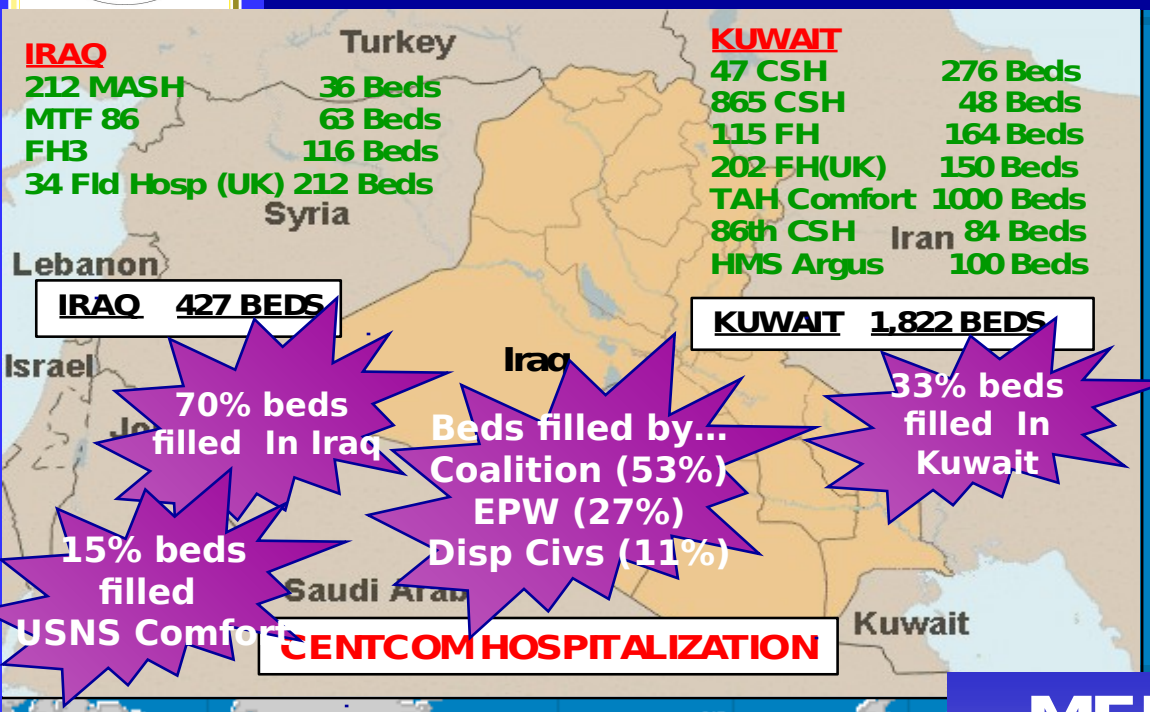
Summary

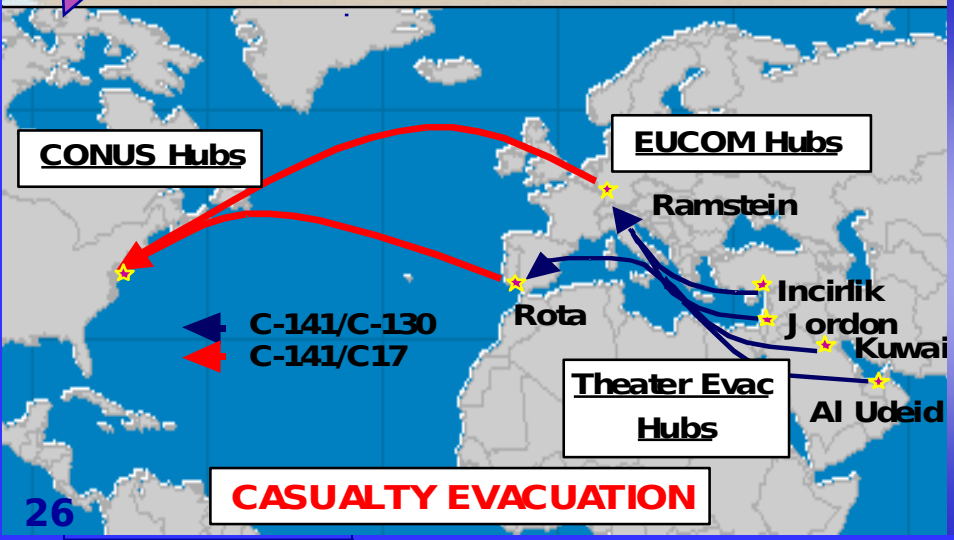
- **Naval Medicine is changing in how we support the warfighter**
- **We want to move towards a more agile and lighter medical capability that is interoperable with the USMC, USAF and USA**
- **The IPT will be intimately involved in determining how we accomplish this**
- **It is truly an exciting time to be a part of Naval Medicine!**

Questions?

Backup Slides

Operation IRAQI FREEDOM





MEDICAL HIGHLIGHTS

- Robust and Echeloned System of Far Forward Surgery and Hospitalization
- Tailored Logistics and Blood Support Packages to US and Coalition Units
- Rapid Evacuation To Definitive Care
- Environmental Monitoring
- Aggressive Immunization and Medical Surveillance

UNCLASSIFIED

Wartime Medical Requirements

OPLAN

How do we determine requirements?

POPULATION AT RISK X **CASUALTY RATE AND PLANNING FACTORS** = **WARTIME BED REQUIREMENT**

Combatant Commander's Planners Determine

Medical Platform Requirements

- Hospital Ships
- Fleet Hospitals
- OCONUS MTFs

Draft POM 06 Guidance from the Navy Surgeon General—October 2003

- Versatile Naval expeditionary forces are the nation's first responders….. the result of this Naval transformation will be a Navy-Marine Corps Team providing sustainable, immediately employable U.S. combat power, ready to meet any challenge. Naval Medicine is essential and integral to the success of this transformation.

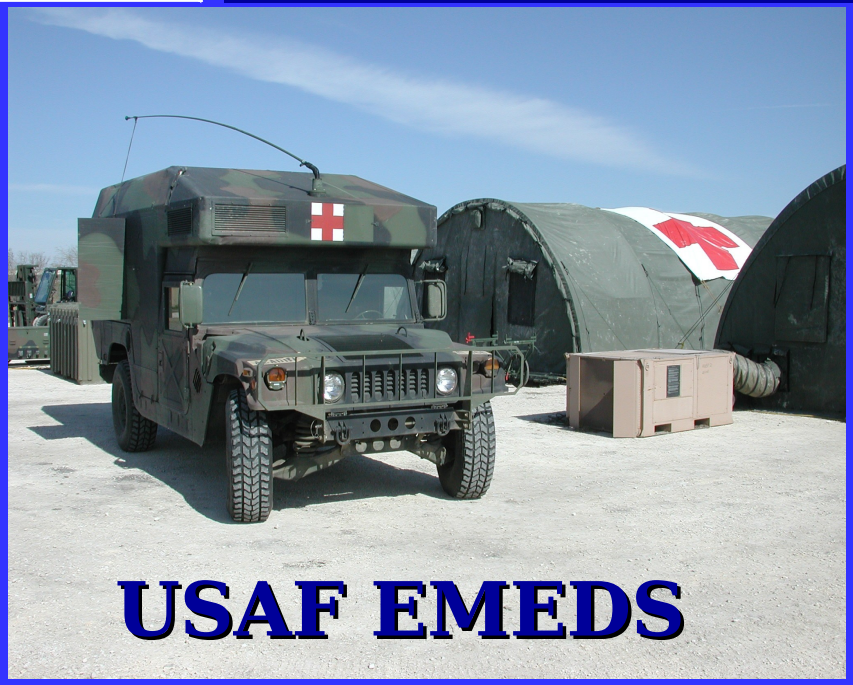
The Future of Navy Expeditionary Medical Facilities

EMF-116

From larger to smaller, lighter, modular

EMF-10

Interoperability



USAF EMEDS

USMC Surgical Company and FRSS